

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 57 OF 104

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Suzan Johnson Cook for Congress**

Full Name (Last, First, Middle Initial)

**Rise Van Doosselaere**

Mailing Address 920 Park Ave

Apt 14D

City

New York

State

NY

Zip Code

10028-0208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Yoga Teacher

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

Transaction ID : VR02SEHTKS2

Amount of Each Receipt this Period

500.00

\* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

**ACTBLUE**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

30445.01

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		06		2015

Transaction ID : VR02SEHTKS2E

Amount of Each Receipt this Period

500.00

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

**Cecille Webley-Thompson**

Mailing Address 37 S Cole Ave

City

Spring Valley

State

NY

Zip Code

10977-5413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bronx-Leban/A Hospital Center

Occupation

Director, Public Relations

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		29		2015

Transaction ID : VR02SEYZ9Q3

Amount of Each Receipt this Period

250.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

750.00